Patient Medication Withholding Chart

The following may decrease bronchial hyperresponsiveness and should be withheld prior to taking an Aridol™ (mannitol) test.[1]

Withholding Time	Medication
6 – 8 hours	**Inhaled Nonsteroidal Anti-Inflammatory Agents:** e.g. sodium cromoglycate (Intal®); nedocromil sodium (Tilade®)
8 hours	**Short-Acting Beta 2 Agonists** e.g. salbutamol (Ventolin®); terbutaline sulfate (Bricanyl®)
12 hours	**Inhaled Corticosteroids** e.g. beclomethasone dipropionate (Qvar®); budesonide (Pulmicort®); fluticasone propionate (Flixotide®)
	Anticholinergic Bronchodilators e.g. ipratropium bromide (Atrovent®)
24 hours	**Inhaled Corticosteroids and Long-Acting Beta 2 Agonist Combination Products** e.g. fluticasone and salmeterol (Seretide®); budesonide and eformoterol (Symbicort®)
	Long-Acting Beta 2 Agonists e.g. salmeterol xinafoate (Serevent®); eformoterol fumarate (Foradile® or Oxis®)
	Phosphodiesterase Inhibitors / Adenosine Receptors e.g. theophylline (Nuelin®)
72 hours	**Long Acting Anticholinergics** e.g. tiotropium bromide (Spiriva®)
	Antihistamines: Over-the-Counter & Prescription e.g. brompheniramine maleate (Dimetapp®); diphenhydramine (Benadryl®); loratadine (Claratyne®); cetirizine (Zyrtec®); fexofenadine (Telfast®); levocetirizine dihydrochloride (Xyzal®)
4 days	**Leukotriene-Receptor Antagonists** e.g. montelukast sodium (Singulair®)

The information contained in this sheet is not designed to replace the advice of your doctor/healthcare professional (HCP). Please consult your HCP.

Other Special Patient Instructions *(optional)*:

Foods: Ingestion of significant quantities of coffee, tea, cola drinks, chocolate or other food containing caffeine may affect test results. These substances should be withheld on the day of the test (prior to testing).[1]

Exercise: Vigorous exercise should not be performed prior to testing on the day of the test.[1]

Smoking: Patients should refrain from smoking for at least 6 hours prior to testing.[1]

The drug names provided are illustrative and may not include all drugs within a category. Please discuss with your healthcare professional.

Withholding times for different therapeutic products vary according to the half-life of the active ingredient(s). In the absence of a specific recommendation for a product, a withholding time equivalent to five half-lives of the active ingredient(s) should be used. Withholding periods are a recommendation[1] and may be varied at the clinician's discretion.

aridol™
MANNITOL

PBS Information: This product is not listed on the PBS.

Full prescribing information for Aridol available at www.aridol.info/australia or from Pharmaxis by calling 1800 274 365 .

Aridol Minimum Product Information

INDICATIONS: Identifying bronchial hyperresponsiveness to assist in the diagnosis of asthma. **DOSAGE AND METHOD OF USE:** Aridol is supplied in kit form containing sufficient capsules to complete one complete challenge, and the inhalation device. Prior to the challenge, spirometry should be performed and the reproducibility of the resting FEV1 established. For details of the test procedure, please review the Aridol Product Information. **CONTRAINDICATIONS:** Known hypersensitivity to mannitol or any of the excipients. Aridol should not be given to patients with conditions that may be compromised by induced bronchospasm or repeated blowing manoeuvres. These include: aortic or cerebral aneurysm, uncontrolled hypertension, myocardial infarction or a cerebral vascular accident in the previous six months. **PRECAUTIONS:** Aridol inhalation test should be conducted only under the supervision of a physician or other appropriate trained personnel thoroughly familiar with all aspects of bronchial provocation tests and the management of acute bronchospasm. Patients should not be left unattended during the procedure. If a patient has spirometry induced asthma or the FEV1 fall following the 0 mg capsule is greater than 10%, a standard dose of bronchodilator should be given and the Aridol challenge discontinued. **INTERACTIONS:** Regular use of inhaled corticosteroids reduces the airway sensitivity to Aridol and in many individuals, complete inhibition of the airway response occurs. Please refer to the Aridol PI for the recommended withholding periods for medicines and foods prior to conducting an Aridol test. **ADVERSE REACTIONS:** A positive result with Aridol may produce symptoms of bronchospasm such as chest tightness, cough or wheezing. Most patients experience cough during the challenge; however, it is only occasional in the vast majority of patients (83%) experiencing cough. Very Common: Headache. Common: Eye pruritus, Nausea, Upper abdominal pain, Diarrhoea, Vomiting, Nasopharyngitis, Upper respiratory tract infection, Back pain, Dizziness, Pharyngolaryngeal pain, Cough*, Rhinorrhoea, Throat irritation, Asthma aggravated, Chest tightness, Dyspnoea, Fatigue.

* Cough was defined as an adverse event during the challenge only if it led to discontinuation of the challenge.

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Reference: 1. Aridol (mannitol powder for inhalation) TGA approved Product Information 26 June 2014.

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